



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000005768 | Submit Date: 11/12/2015 | Call Sign: WNYW | Facility ID: 22206 | FRN: 0005795067 | State: New York | City: NEW YORK

Service: DTV | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 11/12/2015 | Filing Status: Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
FOX TELEVISION STATIONS, LLC	Joseph M. Di Scipio 400 NORTH CAPITOL STREET, NW SUITE 890 WASHINGTON, DC 20001 United States	+1 (202) 824-6522	JDISCPIO@21CF.COM	Limited Liability Company

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact  
Representatives  
(1)

Contact Name	Address	Phone	Email	Contact Type
JOSEPH M. Di Scipio <i>Senior Vice President, Legal and FCC Compliance</i> FOX TELEVISION STATIONS, INC.	400 NORTH CAPITOL STREET, NW SUITE 890 WASHINGTON, DC 20001 United States	+1 (202) 824-6522	JDISCIPIO@21CF. COM	Legal Representative

Ancillary  
/Supplementary  
Services

Call Sign	City	State	Licensee
K14HG-D	KINGMAN	AZ	Fox Television Stations, LLC
WJZY	BELMONT	NC	Fox Television Stations, LLC
KUTP	PHOENIX	AZ	Fox Television Stations, LLC
KRIV	HOUSTON	TX	Fox Television Stations, LLC
KFTC	BEMIDJI	MN	Fox Television Stations, LLC
WPWR-TV	GARY	IN	Fox Television Stations, LLC
WOGX	OCALA	FL	Fox Television Stations, LLC
WTXF-TV	PHILADELPHIA	PA	Fox Television Stations, LLC
KTVU	OAKLAND	CA	Fox Television Stations, LLC
K14HC-D	PRESCOTT	AZ	Fox Television Stations, LLC
WWOR-TV	SECAUCUS	NJ	Fox Television Stations, LLC
KCOP-TV	LOS ANGELES	CA	Fox Television Stations, LLC
K16BP-D	COTTONWOOD	AZ	Fox Television Stations, LLC
WMYT-TV	ROCK HILL	SC	Fox Television Stations, LLC
WFLD	CHICAGO	IL	Fox Television Stations, LLC
KICU-TV	SAN JOSE	CA	Fox Television Stations, LLC
WDCA	WASHINGTON	DC	Fox Television Stations, LLC
WRBW	ORLANDO	FL	Fox Television Stations, LLC
WOFL	ORLANDO	FL	Fox Television Stations, LLC
K15CR-D	LAKE HAVASU CITY	AZ	Fox Television Stations, LLC
KTTV	LOS ANGELES	CA	Fox Television Stations, LLC
K28CW-D	FLAGSTAFF	AZ	Fox Television Stations, LLC
KTXH	HOUSTON	TX	Fox Television Stations, LLC
WTTG	WASHINGTON	DC	Fox Television Stations, LLC
K18CB-D	BULLHEAD CITY	AZ	Fox Television Stations, LLC
KMSP-TV	MINNEAPOLIS	MN	Fox Television Stations, LLC
WFTC	MINNEAPOLIS	MN	Fox Television Stations, LLC

## Certification

Section	Question	Response
General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</p> <p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</p>	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<p><b>Joseph M. Di Scipio</b>  <i>Senior Vice President, Legal and FCC Compliance</i></p> <p>11/12/2015</p>

**Attachments**

Information not provided.